**Colorado EHDI Alliance**

**Dx/Id and Transition to Intervention Task Force**

**Meeting Notes**

Date: January 7, 2021

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| **Attendees** |
| **Name** | **Role** |
| **Heather Abraham** | Facilitator/Notetaker |
| **Arlene Stredler Brown** | Facilitator/Notetaker |
| **Emily Wojahn** | CO-Hear Coordinator |
| **Brittany Goodside**  | Parent  |
| **Allison Sedey** | University of Colorado, ODDACE Project |
| **Emily Chamberlain**  | Audiologist; Denver Health (focus on pediatrics) |
| **Jami Fries** | Hands & Voices |
| **Annette Landes** | CO-Hear Coordinator |
| **Jill Jacobs** | Parent of a 14-year-old child who is deaf/hard of hearing |
| **Mah-rya Proper** | Parent of a child who is late identified as deaf/hard of hearing |
| **Richard Jeffries** | Director of Outreach, Colorado School for the Deaf and the Blind |
| **Laura Merrill** | Early Intervention Colorado |
| **Emily Augsburger** | Parent |
| **Kristin Sommerfeldt** | Audiologist; University of Colorado |
| **Stacey Geisel** | Parent |
| **Jessi Cooney** | AG Bell Member & Teacher of the Deaf/HH |

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| **Meeting Outcomes & Agenda** |
| **Outcomes**:● Identify the path toward tele-audiology services in Colorado● Populate the CO EHDI website● Further understanding of the CO-Hear Coordinator capacity**Agenda:**1. Introductions
2. Tele-audiology
3. CO-EHDI Website Development
4. CO-Hear Coordinators
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| **Agenda/Actions/Decisions** |
| **Agenda Items** | **Discussion** | **Action/****Decision** | **Champion** | **By When** |
| **Tele-****audiology** | A group on the western slope including audiologists, CO-Hear Coordinator, early interventionists, and others are supporting the exploration of tele-audiology services. CO EHDI submitted a grant for a tele-audiology program to AMCHP; it was not funded. We are continuing our investigation of tele-audiology with the help of information shared by professionals in Nebraska, the NCHAM Tele-audiology Learning Community, and published literature. We are focusing on diagnostic audiology and conducting ABR testing remotely. The rationale supporting this initiative is to reduce the travel distance for families to access audiology services. Also, children in rural areas frequently have their hearing loss identified at a later age than children in urban areas. To create a tele-audiology program, there are several considerations including; (a) creating a hub site; (b) identifying remote site(s); (c) funding the equipment; and (d) developing procedures and protocols. The discussion at this task force meeting raised these points: * Jami Fries indicated that she has been in contact with families on the western slope regarding how challenging it is to access audiology services. She supports our efforts to explore tele-audiology services.
* There were logistical questions concerning the way in which service would be conducted. An audiologist would be at a clinic somewhere (the hub) that would manage the evaluation. Equipment would be in place in a rural area with someone trained to operate the equipment in that remote location. The goal would be to start with one piece of equipment.
* Emily Chamberlain indicated that it is a great idea and she thinks Denver Health will be open to it. When purchasing equipment, she recommends that the equipment is capable of doing both ABR and ASSR to minimize the amount of time that babies need to be asleep.
* Richard Jeffries asked about the training required for personnel in the remote site to operate the equipment. Tele-audiology users in other states employ volunteers, and some use teachers of the DHH. In Colorado, we are soliciting the interest of educational audiologists. Whomever is working in the remote site needs training. Educational audiologists receive a lot of the requisite training in their pre-service programs. It is important for professionals delivering diagnostic information to be knowledgeable and empathic. The group indicated that educational audiologists are a good resource for this. In addition, we would want to ensure that the audiologist at the hub site is involved in the sharing of information.
* The appointments would run under the license of the audiologist at the hub center. Protocols would need to be developed to ensure quality of the evaluation at the remote site.

Regarding next steps, the group recommended that a subcommittee form to address these issues. Arlene will reach out to the major hospital centers to identify interest. Emily Augsburger recommended involvement from providers on the western slope. She also recommended including parents from the western slope who might want to be involved. There was a question concerning access to the HIDS database to input diagnostic results. Since there could be two users, a protocol needs to be established to identify which professional would input the test results into HIDS. Kristin Sommerfeldt indicated that JCIH protocols need to be followed. She also commented on the benefits of having a large clinic as the host site to assure an audiologist is always available.  | Convene a subcommittee to address this issue. | Arlene | ASAP |
| **Website** | CO EHDI is about ready to launch its comprehensive website which includes all aspects of our EHDI system (e.g., screening, diagnosis/identification, EI) and the transition points in between. The website will house information for professionals and parents/caregivers. There will be some community-specific information and general information. Please send suggestions for items you want to see on this website to Arlene or Heather. Check [www.coehdi.org](http://www.coehdi.org).  | All task force members are asked to contribute material to the COEHDI website.  | All  | Ongoing |
| **CO-Hear Coordinators** | The context of this discussion is to look at our EHDI system; maintain what works and refresh the system as needed. The CO-Hear Coordinator involvement in the transition from identification to early intervention is complex. We have many agencies involved in the transition from diagnosis to EI. Specifically, the CO-Hear Coordinators are employed by CSDB; and there is an interface with Part C and the Part C Service Coordinators. This Task Force is charged with identifying strengths and gaps, analyzing them, and making recommendations to the CO EHDI Alliance.Laura Merrill (who spoke from the perspective of Part C Service Coordinators) and CO-Hear Coordinators have been working on the interface of the roles and responsibilities of Part C service coordinators and CO-Hear Coordinators for quite some time. The goal is to establish better coordination between these two systems. A second goal is a more cohesive system for families so they understand the supports they receive from different people (e.g., CO-Hear Coordinators and Part C Service Coordinators). Another goal is to identify areas of “connection” between Service Coordinators and CO-Hear Coordinators while avoiding duplication of activities which may confuse parents. A particular focus is on the intake process - who gets the referral first and how do service coordinators and CO-Hear Coordinators collaborate so services are cohesive? Here are some parent/caregiver perspectives that were shared: * It’s good to have one person as the contact because parents often have many doctors/specialists. That said, some parents may have other preferences about the number of people who they work with during the transition from diagnosis/identification to EI. There needs to be a safety net. What if the CO-Hear Coordinator does not get the referral? And, if only one person were to be connected to the family, who has the knowledge and the capacity to fulfill all of the responsibilities of both the Part C Service Coordinator and CO-Hear Coordinator?
* Who is responsible for referring families to parent-to-parent supports (of note, referrals to Hands & Voices have decreased in the past several months).
* In addition, a comment was made about including the early interventionist in this collaborative relationship. How can an effective connection be made among: (a) the CO-Hear Coordinator; (b) the Part C Service Coordinator; and (c) the early interventionist (facilitator)?
* Who is training/offering professional development to the early interventionists/facilitators?
 | Continue this discussion at future task force meetings | Arlene/Heather to put this on recurring agendas | Ongoing |

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| **Next Meeting(s)**  |
| **DATE** | **TIME** | **FUTURE AGENDA ITEMS** |
| Thursday February 4, 2021 | 4:00-5:00 PM | Continue discussion about interface between CO-Hear Coordinators and part C Service Coordinators.  |
| ThursdayMarch 4, 2021 | 4:00-5:00 PM | TBD |

***A note about accommodations:*** *Beginning February 1, 2021, all Alliance meeting and task force meeting accommodations (e.g., American Sign Language interpreters, Cued Language Transliterators, and/or Spanish translators) must be requested at least 72 business hours or 3 business days in advance. Requests may be made by contacting the Alliance or your task force facilitator. We will also enable Zoom's Live Transcription feature for all meetings.*